with the assistance of FDA, Maharashtra. This activity is proposed to be continued.

(v) In order to ensure efficient information exchange between drug regulatory officers in the country, in respect of licensing, sampling, prosecution, etc., a countrywide computer networking project has been undertaken by the Central Government. This will enable the Central Government to regularly monitor the enforcement activities and recommend corrective measures.

(vi) Pharma industry and trade has been motivated to fight menace of spurious drugs as a shared responsibility. Number of cases could be successfully detected through the initiative taken by Pharma industry involving hiring of retired intelligence officers.

(vii) As per the recommendations of Mashelkar Committee, which was constituted by the Government in 2003, to examine all aspects relating to the drug regulatory system in the country including the problem of spurious/ sub standard drugs, a Bill was introduced in the Lok Sabha in December, 2003, to amend the said Act to provide stricter penalties to the offenders including a maximum penalty of capital punishment. It was further recommended to make the offences non-bailable and cognizable and to provide for designated courts for speedy trial of cases.

The Cabinet accorded approval for the introduction of Drugs and Cosmetics (Amendment) Bill, 2005, in the Parliament subject to certain modifications. The Bill is likely to be introduced in the present Budget Session of Parliament.

The proposed amendments will make the law deterrent to the offenders involved in the manufacture or sale of spurious drugs. The involvement of enforcing agencies like Police will help in speedy investigation to book the culprits and in controlling anti-social elements in such activities.

Hope scheme for rural areas

1957. SHRI K. RAMA MOHANA RAO:
SHRI RAMA MUNI REDDY SIRIGIREDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that to improve the health conditions of the

people in the rural areas the Government are going to start a new scheme called 'HOPE';

(b) if so, the salient features of the proposed scheme;

(c) whether any of the districts have been identified to implement the scheme on pilot mode; and

(d) if so, the details of districts that has been identified in the State of Andhra Pradesh?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) The Government proposes to launch a National Rural Health Mission (NRHM) to improve the health condition of the people in the rural areas. There is no scheme envisaged by the name of "HOPE". However, one of the strategies of the Mission is to create a cadre of Accredited Social Health Activists (ASHA) at village levels.

(b) The ASHA would preferably be a daughter-in-law of the village, educated upto class 8th, selected by and accountable to the Gram Panchayat. She is envisaged as an honorary volunteer, who will receive performance based incentive. Her major roles would be to undertake advocacy for promotive and preventive healthcare, convergence with ICDS, motivation for appropriate mother and child healthcare services, especially immunization and institutional delivery and contraception. She would also be the escort to women seeking institutional curative care.

(c) All districts in the States of U.P., M.P., Bihar, Rajasthan, Orissa, Jharkhand, Uttaranchal, Chhattisgarh, Assam and J&K have been identified for implementation of the scheme.

(d) Not applicable.

Splitting of National Institute for Communicable Diseases

1958. SHRI S.M. LALJAN BASHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal to divide the present National Institute of Communicable Diseases into two institutes;

(b) if so, the details of such plans;